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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH				BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Pima</u> State <u>Arizona</u>		State File No. <u>342</u>	
District or Township <u>Tucson</u> or Village <u>No. St. Marys Hospital</u>		City <u>Tucson</u> No. <u>St. Marys Hospital</u> St. <u></u> Ward <u></u>		Local Registrar's No. <u>811</u>	
2. FULL NAME <u>Jesse West Rollins</u>					
(a) Residence, No. <u></u> (Usual place of abode) St. <u></u> Ward <u></u>					
Length of residence in city or town where death occurred <u>3 yrs. 6 mos.</u> ds. How long in U. S. if of foreign birth? <u>4</u> yrs. <u>6</u> mos. <u>7</u> ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Divorced</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Unknown</u>					
6. DATE OF BIRTH (month, day and year) <u>Unknown</u>					
7. AGE	Years <u>59</u>	Months <u>✓</u>	Days <u>✓</u>	IF LESS than 1 day or min. <u></u>	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Reporter</u>					
(b) General nature of industry, business or establishment in which employed (or employer) <u></u>					
(c) Name of employer <u></u>					
9. BIRTHPLACE (city or town) (State or country) <u>Utah</u>					
10. NAME OF FATHER <u>John Henry Rollins</u>					
11. BIRTHPLACE OF FATHER (State or country) <u>Mo.</u> (city or town) <u></u>					
12. MAIDEN NAME OF MOTHER <u>Nancy L. West</u>					
13. BIRTHPLACE OF MOTHER (State or country) <u>Mo.</u> (city or town) <u></u>					
14. Informant <u>Wm. J. Rollins, Box 117</u>					
(Address) <u>Amery Park, Arizona</u>					
15. Filled <u>11-6-30</u> Dr. <u>C. R. Rums</u> Registrar <u>3</u>					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>Nov. 4th</u> 19 <u>30</u>					
17. I HEREBY CERTIFY, That I attended deceased from <u></u> , 19 <u></u> to <u></u> , 19 <u></u> , that I last saw h. <u></u> alive on <u></u> , 19 <u></u> , and that death occurred, on the date stated above, at <u>1,400</u> m. The CAUSE OF DEATH* was as follows: <u>Hypostatic Pneumonia</u>					
CONTRIBUTORY (Secondary) <u>Prostatic abscess & toxemia</u>					
18. Where was disease contracted if not at place of death? <u></u>					
Did an operation precede death? <u></u> Date of <u></u>					
Was there an autopsy? <u></u>					
What test confirmed diagnosis? (Signed) <u>J. B. Sittlerfield</u> , M. D. <u>Nov 5th</u> 19 <u>30</u> (Address) <u>Tucson, Ariz.</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Dafford, Arizona</u>				DATE OF BURIAL <u>Nov. 6, 1930</u>	
20. UNDERTAKER <u>Edw. Underwood Co.</u>				ADDRESS <u>Tucson, Arizona</u>	